08/16/2010 10:36

Image# 10991060890

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC 2831 Lone Oak Road ADDRESS (number and street) Check if different than previously Paducah ΚY 42003 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00351197 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 07 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Laxmaiah Manchikanti Type or Print Name of Treasurer Electronically Filed by Laxmaiah Manchikanti 06 16 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/14

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

_	Report Covering the Period: From:	01 2010	To: 07 31 2010
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		374826.15
	(b) Cash on Hand at Begining of Reporting Period	339227.52	
	(c) Total Receipts (from Line 19)	14956.61	117581.93
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	354184.13	492408.08
7.	Total Disbursements (from Line 31)	33889.99	172113.94
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	320294.14	320294.14
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 14

Write or Type Committee Name

## AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

From:

Report Covering the Period:

м м 0 7 0 1

<sup>Y</sup> 2010

Γο:

м м 0 7 D D 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	9256.66	82273.30
(ii) Unitemized	500.00	2020.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9756.66	84293.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9756.66	84293.30
2. Transfers From Affiliated/Other Party Committees	0.00	16975.89
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	5199.95	16312.74
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14956.61	117581.93
. Total Federal Receipts (subtract Line 18(c) from Line 19)	14956.61	117581.93

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/14

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	389.99	13169.82
	Expenditures(c) Total Operating Expenditures	009.93	13103.02
	(add 21(a)(i), (a)(ii) and (b))	389.99	13169.82
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	33500.00	158500.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	444.12
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33889.99	172113.94
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	33889.99	172113.94

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 14

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	9756.66	84293.30
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9756.66	84293.30
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	389.99	13169.82
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	389.99	13169.82

FE6AN026

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVE	NTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Jonathan Daitch, MD  Mailing Address 812 Cape View Drive		Date of Receipt
City	State Zip Code	0 7 0 7 2 0 1 0 Transaction ID: SA11AI.9446
Fort Myers	FL 33919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer APMS	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Carlos Giron, MD	Date of Receipt	
Mailing Address 7600 Zebulon Rd.	07	
City	State Zip Code	Transaction ID: SA11AI.9440
Macon	GA 31220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Abigail Hubbell		Date of Receipt
Mailing Address 236 W. Livingston PI	ace	07 / 27 / Y Y Y Y Y Y Y
City Metairie	State Zip Code LA 70005	Transaction ID: SA11AI.9450  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 7,0000	416.67
Name of Employer Housewife	Occupation Housewife	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.34	
SUPTOTAL of Possints This Page (entional)		6416.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF INTERVEN	THONAL PAIN PHYSICIAN PAC	1
Full Name (Last, First, Middle Initial) Paul Hubbell, MD  Mailing Address (200 M. Linia H. Bl.)		Date of Receipt
Mailing Address 236 W. Livingston Pla		07 27 2010
City <u>Metairie</u>	State Zip Code  LA 70005	Transaction ID: SA11AI.9451  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Southern Pain	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Demetrios Kaiafas, MD		Date of Receipt
Mailing Address 903 Harbor Drive		07 / 30 / Y Y Y Y Y
City Bellecur Beach	State Zip Code FL 33786	Transaction ID: SA11AI.9454  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clearwater Pain Management	Occupation Physician	Contribution
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) David Kloth, MD	1	Date of Receipt
Mailing Address 4 Old Bedow Mountai	n Road	07 27 2010
City Ridgehold	State Zip Code CT 00877	Transaction ID: SA11AI.9452  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Connecticut Pain Care, PC	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .		1516.67
TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14 (check only one)    X
5	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF INTERVEN	NTIONAL PAI	IN PHYSICIAN PAC	
۸.	Full Name (Last, First, Middle Initial) Marion Lee, MD			Date of Receipt
	Mailing Address 2233 Arabi-Warwick F		7's Oads	07 07 2010
	City Cordele	State GA	Zip Code 31015	Transaction ID: SA11AI.9447  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer Attrinity Health Group	Occupation Physician		Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.96	
 3.	Full Name (Last, First, Middle Initial) Marion Lee, MD			Date of Receipt
	Mailing Address 2233 Arabi-Warwick F	07 29 2010		
	City	State	Zip Code	Transaction ID: SA11AI.9453
	Cordele	GA	31015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66  Contribution
	Name of Employer Attrinity Health Group	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2916.62	
	Full Name (Last, First, Middle Initial) Francis Riegler, MD			Date of Receipt
	Mailing Address 3827 Castlerock Rd.			07 30 7 2010
	City Malibu	State CA	Zip Code 90265	Transaction ID: SA11AI.9455  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Universal Pain Mgmt.	Contribution		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	
	SUBTOTAL of Receipts This Page (optional).	•		958.32

A.

## **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 9/14 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Date of Receipt Michael Trimba, MD Mailing Address 341 Mayfair Dr. South 07 26 2010 City State Zip Code Transaction ID: SA11AI.9449 Brooklyn NY 11234 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Contribution Name of Employer Advanced Pain Care Medical PC Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 365.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	365.00
TOTAL This Period (last page this line number only)	<u> </u>	9256.66

# SCHEDULE A (FEC Form 3X)

City State Zip Code KY 42003  FEC ID number of contributing federal political committee.  Name of Employer    Primary   General Other (specify) ▼   State Zip Code KY 42003    Full Name (Last, First, Middle Initial) Bantera Bank   Date of Receipt Unumber of contributing federal political committee.    Post	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 14 (check only one)  11a 11b 11c 12  13 14 15 16 1
Banters Bank Mailing Address 3151 Jackson Street  City State Zip Code KY 42003  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Banters Bank Mailing Address 3151 Jackson Street  City State Zip Code KY 42003  FEC ID number of contributing federal political committee.  Date of Receipt Tone State State Zip Code KY 42003  FEC ID number of contributing federal political committee.  City State Zip Code KY 42003  FEC ID number of contributing federal political committee.  Receipt For: Primary General City State Zip Code State Stat	NAME OF COMMITTEE (In Full)		<del></del>
Bantera Bank Mailing Address 3151 Jackson Street  City State Zip Code KY 42003  FEC ID number of contributing federal political committee.  Name of Employer  Cuty State Zip Code KY 42003  Receipt For: Primary General Other (specify) ▼ 11498.01  Date of Receipt Image of Receipt	Bantera Bank  Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼	Transaction ID: SA17.9479  Amount of Each Receipt this Period  60.09
Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code Paducah KY 42003  FEC ID number of contributing federal political committee.  Name of Employer  Change in investment  Date of Receipt  M M / D D / 2 0 1 0  Transaction ID: SA17.9481  Amount of Each Receipt this Period  4814.73  Change in investment  Aggregate Year-to-Date ▼  Other (specify) ▼  16312.74	Bantera Bank  Mailing Address 3151 Jackson Street  City  Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼	Transaction ID: SA17.9480  Amount of Each Receipt this Period  325.13
SUBTOTAL of Receipts This Page (optional)	Bantera Bank  Mailing Address 3151 Jackson Street  City  Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼	Transaction ID: SA17.9481  Amount of Each Receipt this Period  4814.73
	SUBTOTAL of Receipts This Page (optional)		5199.95

### Image# 10991060900

A.

В.

President

District:

**SCHEDULE B (FEC Form 3X)** FOR LINE NUMBER: PAGE 11/14 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9477 Bantera Bank Date of Disbursement o<sup>™</sup> 7 3 Ŏ 2010 Mailing Address 3151 Jackson Street City State Zip Code Amount of Each Disbursement this Period Paducah KY 42003 121.78 Purpose of Disbursement Payment for credit card fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9478 Bantera Bank Date of Disbursement o<sup>M</sup>7 3 0 2010 Mailing Address 3151 Jackson Street City State Zip Code Amount of Each Disbursement this Period 42003 Paducah ΚY 268.21 Purpose of Disbursement Brokerage fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

		000.00
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	389.99
TOTAL This Period (last page this line number only)	•	389.99

Other (specify)

State:

IT	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	_	NUMBER: PAGE 12/14	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	7 one)  22	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIO					
<u> </u>	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS				Transaction ID: SB23.9466 Date of Disbursement	
	Mailing Address PO Box 25950				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$	
	City Woodbury	State MN	Zip Code 55125		Amount of Each Disbursement this Period	
	Purpose of Disbursement Political Contribution				5000.00	
	Candidate Name MICHELE M BACHMANN			Category/ Type		
	Senate X President	ement For:  Primary  Other (spe	2010 General ecify) ▼			
	State: MN District: 06  Full Name (Last, First, Middle Initial) BART'S BRIDGE PAC				Transaction ID: SB23.9476 Date of Disbursement	
	Mailing Address 817 NINTH AVENUE SECOND FLOOR PO B		$\begin{bmatrix}\begin{smallmatrix}M&7&M\\0&7&M\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}D&2&D\\2&6\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{bmatrix}^Y$			
	City MENOMINEE	State MI	Zip Code 49858		Amount of Each Disbursement this Period	
	Purpose of Disbursement Political Contribution				5000.00	
	Candidate Name			Category/ Type		
	Senate President	ement For: Primary Other (spe	General <b>▼</b>			
	State: District:  Full Name (Last, First, Middle Initial)  BENISHEK FOR CONGRESS				Transaction ID: SB23.9459 Date of Disbursement	
		Mailing Address 802 Pentoga Trail				
	Mailing Address 802 Pentoga Trail				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$	
	Mailing Address 802 Pentoga Trail  City Crystal Falls	State MI	Zip Code 49920			
	City Crystal Falls Purpose of Disbursement Political Contribution					
	City Crystal Falls Purpose of Disbursement Political Contribution Candidate Name DANIEL J BENISHEK	MI	49920	Category/ Type	Amount of Each Disbursement this Period	
	City Crystal Falls Purpose of Disbursement Political Contribution Candidate Name DANIEL J BENISHEK Office Sought: X House Disburs		2010 General		Amount of Each Disbursement this Period	

		3 (FEC Form	, I	Use sepa	arate schedule(s)	 -	E NUMBER: PAGE 13 / 14
IT	EMIZED DIS	SBURSEMEN	ITS	for each	category of the Summary Page	(check or 21b 27	nly one)  22   X   23   24   25   28a   28b   28c   29
							of for the purpose of soliciting contributions solicit contributions from such committee
$\left. \right\rangle$	NAME OF COM	· · ·					
	Full Name (Last, BOOZMAN FO	First, Middle Initial) PR ARKANSAS					Transaction ID: SB23.9472 Date of Disbursement
	Mailing Address	322 NORTH BI	LOOMING	TON SUI	TE A-B		0 7 M / D D / Y 2 0 1 0 Y
	City LOWELL			State AR	Zip Code 72745		Amount of Each Disbursement this Per
	Purpose of Disbu Political Contribut						5000.00
	Candidate Name JOHN BOOZN	IAN				tegory/ ype	
	Office Sought:	House X Senate President		ment For: Primary Other (spe	2010  X General ecify)		
	,	District: 00 First, Middle Initial)					Transaction ID: SB23.9474
	HEARTLAND Mailing Address	PO Box 505					Date of Disbursement  O 7 2 3 7 2 0 1 0
	City	FO BOX 303		State	Zip Code		Amount of Each Disbursement this Per
	Sioux Falls			SD	57101		5000.00
	Purpose of Disbu Political Contribut Candidate Name					tegory/	3000.00
	Office Sought:	House Senate President District:		nent For: Primary Other (spe	General ecify) ▼		
		First, Middle Initial) ER FOR CONGRE	L ESS				Transaction ID: SB23.9470 Date of Disbursement
	Mailing Address	PO Box 8446					$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} 2 \end{smallmatrix} 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} 2 \end{smallmatrix} 0 1 0^{Y} 0 0^{Y} 0 0^{Y} 0 0^{Y} 0 0^{Y} 0 0^{Y} 0 0^{Y} 0$
	City Asheville			State NC	Zip Code 28814		Amount of Each Disbursement this Per
	Purpose of Disbu Political Contribut				_		1000.00
	Candidate Name JOSEPH HEA	ΓΗ SHULER				tegory/ ype	
	Office Sought:	χ House	Disburser	nent For: Primary	2010 X General		
		Senate President		Other (spe	ecify) 🔻		

A.

В.

President

District: 03

10001000000				
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 14 / 14	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
AMERICAN SOCIETY OF INTERVENTION	NAL PAIN PHYSICIAN PA	С		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.9460	
MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE			Date of Disbursement	
Mailing Address PO Box 3241			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} $	
	State Zip Code		Amount of Each Disbursement this Period	
	WY 82003		2500.00	
Purpose of Disbursement Political Contribution		•	2300.00	
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS			Transaction ID: SB23.9462 Date of Disbursement	
Mailing Address 900 East Market Street Suite 100			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix}$	
	State Zip Code KY 40202		Amount of Each Disbursement this Period	
Purpose of Disbursement Political Contribution			5000.00	
Candidate Name JOHN A MR YARMUTH		Category/ Type		
Office Sought: X House Disburse	ement For: 2010			

SUBTOTAL of Disbursements This Page (optional)	•	7500.00
TOTAL This Period (last page this line number only)	•	33500.00

Other (specify)

State: KY